



California Automated Travel Expense Reimbursement System

System Authorization

The CalATERS Authorization form must be signed and submitted to the accounting office prior to accessing CalATERS. Upon agreeing to the following requirements, system users will be provided with an individual and unique user ID and password. Departments will assign user IDs for department staff. Passwords will be sent via email after the new user registration process has been completed. Please check all of the roles that apply to you.

- ☐ **Employee** - Submission of travel advance and/or expense reimbursement forms will be a true statement of the amount necessary to defray expenses and/or the amount of actual expenses incurred by me while in the service of the State, and will be in accordance with DPA rules and regulations.
- ☐ **Approver** – I have been authorized by my department to approve travel advance and expense reimbursement forms for employees within my area of responsibility. Each travel advance and/or expense reimbursement request I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.
- ☐ **Preparer** – I have been authorized by my department to prepare travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with travel advance and expense reimbursement information received from employees.
- ☐ **Submitter** – I have been authorized by my department to submit travel advance and expense reimbursement forms on behalf of specific department employees. Travel advance and/or expense reimbursement forms will be consistent with the completed and signed paper travel advance and expense reimbursement information received from employees.

Department Accounting Staff

- ☐ **Work Pool** – I have been authorized by my department to access the CalATERS work pool to process travel advance and expense reimbursement forms. Each travel advance and/or expense reimbursement form I approve will involve the amount necessary to defray expenses incurred while conducting official State business, and will be in keeping with the applicable rules and policies.
- ☐ **Travel Advance Administration** – I have been authorized by my department to access Travel Advance Administration to process emergency travel advances, update travel advances with payment information, and clear travel advances.
- ☐ **Logon As** – I have been authorized by my department to utilize the Logon As Read/Write privilege to assist in helping department staff with the CalATERS questions or problems.
- ☐ **Reports** – I have been authorized to access the CalATERS Reporting system.



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The following requirements apply to all of the roles

- When using CalATERS, I authorize the State to take my requested action by an automated means and I authorize the State to accept the combination of my user ID and password in lieu of my written signature.
- My password is unique to me and is to remain confidential. I will not allow other individuals to use my user ID and password to access CalATERS.
- It is my responsibility to maintain the confidentiality of CalATERS information.
- My access to CalATERS can be revoked at any time by the State.

I hereby certify that I have read and understand the above requirements for accessing and using CalATERS.

Employee Name (Print)	Employee Signature
User Identification Number	Date

Authorized Department Representative	Date
Title	Phone Number